# UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA TAMPA DIVISION

IN RE: NATION	IN RE: NATIONAL RADIOLOGY CONSULTANTS, P.A.			} CASE NUMBER: 8:19-BK-01274 }			4
	DEBTOR.		}		JUDGE CHAPTI		
	FROM	DEBTOR'S FOR QUARTERLY FOR 1-Apr		ATING	REPORT		
	es now the above-named del es established by the United				Quarterly	Operating Report in accor	rdance with the
Dated:	20-Jul-21					/s/ Richard M. Dauval Ch. 5 Examiner	
	Debtor's Address and Phone Number:  Tel.					Attorney's Address and Phone Number: 3900 1st Street North Saint Petersburg, FL 33703 Bar No. 0664081 Tel. 727-362-9003	

Note: The original Post Confirmation Quarterly Operating Report is to be filed with the Court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Post Confirmation Quarterly Operating Report, refer to the following resources on the United States Trustee website: http://www.usdoj.gov/ust/r21/index.htm.

- 1) Instructions for Preparing Debtor's Chapter 11 Post confirmation Quarterly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

ATTACHMENT NO. 1

	QUESTIONNAIRE		
		YES*	NO
1.	Have any assets been sold or transferred outside the normal course of business, or outside		
	the Plan of Reorganization during this reporting period?		X
2.	Are any post-confirmation sales or payroll taxes past due?		x
3.	Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent?		x
4.	Is the Debtor current on all post-confirmation plan payments?		

<sup>\*</sup>If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

	INSURANCE INFORMATION		
		YES	NO*
1.	Are real and personal property, vehicle/auto, general liability, fire, theft, worker's		
	compensation, and other necessary insurance coverages in effect?		X
2.	Are all premium payments current?		

<sup>\*</sup>If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE						
			Payment Amount	Delinquency		
TYPE of POLICY and	CARRIER	Period of Coverage	and Frequency	Amount		

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:  Okoh Chapter 11 Plan was confirmed and he has paid his settlement amount.
The estate is actively prosecuting the its claim against Virtual Radiologic Professionals
The estate is actively prosecuting the its claim against virtual radiologic Professionals
Estimated Date of Filing the Application for Final Decree:

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 20th day of July 2021.

/s/ Richard M. Dauval Examiner's Signature

**ATTACHMENT NO. 2** 

# CHAPTER 11 POST-CONFIRMATION SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name: National Radiology Consultants, P.A.

8:19-bk-01274-CPM

Date of Plan Confirmation: 11/12/2019

1.

2.

3.

1.

All items must be answered. Any which do not apply should be answered "none" or "N/A".

		Ouarterly	Post Confirmation Total
CASH (Beginning of Period)	\$	22,111.50 \$	
INCOME or RECEIPTS during the Period	\$	0 \$	38,057.08
DISBURSEMENTS			
a. Operating Expenses (Fees/Taxes):			
(i) U.S. Trustee Quarterly Fees	\$	\$	1950
(ii) Federal Taxes			
(iii) State Taxes			204
(iv) Other Taxes			
b. All Other Operating Expenses:	\$	\$	
c. Plan Payments:			
(i) Administrative Claims	\$	\$	
(ii) Class One			
(iii) Class Two			
(iv) Class Three			
(v) Class Four			
(Attach additional pages as needed)			
Total Disbursements (Operating & Plan)	\$	\$	2154
CASH (End of Period)		22,111.50 \$	

**ATTACHMENT NO. 3** 

# CHAPTER 11 POST-CONFIRMATION BANK ACCOUNT RECONCILIATIONS

Prepare Reconcilation for each Month of the Quarter

Account #1	Account #2	Account #3	Account #4
Axos Bank		-	
xx1401			
Operating			
Checking			
22,111.50			
22,111.50			
	#1 Axos Bank xx1401 Operating Checking  22,111.50	#1 #2 Axos Bank xx1401 Operating Checking  22,111.50	#1 #2 #3  Axos Bank xx1401  Operating Checking  22,111.50

Note: Attach copy of each bank statement and bank reconciliation.

Investment Account Information  Bank / Account Name / Number	Date of Purchase	Type of Instrument	Purchase Price	Current Value

Note: Attach copy of each investment account statement.

04/01/2021 thru 05/02/2021

7525010001401



P.O. Box 911039 San Diego, CA 92191 844-889-0896

**Days In Statement Period** 

32

NATIONAL RADIOLOGY CONSULTANTS, DEBTOR RICHARD M. DAUVAL, EXAMINER CASE # 19-01274 3900 FIRST ST. NORTH STE #100 ST PETERSBURG FL 33703

### **Statement Summary**

Deposit Accounts	Beginning Balance	Credits	Debits	Ending Balance
Trustee Checking	\$22,111.50	\$0.00	\$0.00	\$22,111.50
DEPOSIT TOTALS	\$22,111.50	\$0.00	\$0.00	\$22,111.50

Trustee Checking - 7525010001401	
Beginning Balance	\$22,111.50
Ending Balance	\$22,111.50

\$ Interest Earned				
	Interest Earned this Month	\$0.00	Annual Percentage Yield Earned	0.00%
	Average Daily Ledger	\$22,111.50	Average Daily Collected	\$22,111.50

Fees		
	Maintenance Fee	\$0.00
	Service Charge	\$0.00

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#### IMPORTANT DISCLOSURE TO OUR CONSUMER CUSTOMERS

#### In Case of Errors or Questions About Your Electronic Transfers

In Case of Errors or Questions About Your Electronic Transfers, Telephone us at 1-844-889-0896 or Write us at the address on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you may have use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from a point of sale (POS) debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

#### IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

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#### For our 24-hour Automated Banking System, please call the number located on the front of the Statement. CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

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- The amount in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance,
- We can apply any unpaid amount against your credit limit.

#### REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

#### CONSUMER REPORT DISPUTES

We may report information about negative account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 1-800-428-9623 or by writing to Chex Systems, Attention Consumer Relations, 7805 Hudson Road, Suite 100, Woodbury, MN 55125. In order to assist you with your dispute, you must provide your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (i.e. affidavit of identity theft). If applicable,

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Bank Reconciliation

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Trustee Name RICHARD M. DAUVAL, CH5 EXAMINER For Period Ending 4/30/2021
Case Number 19-01274 Bank Name Axos Bank
Case Name NATIONAL RADIOLOGY CONSULTANTS, P.A. Account Type Checking
Account 7525010001401 - Checking

Date	Check/Deposit #	Description	Credits	Debits	Posted	Ledger Balance
12/19/2019	101	National Radiology Consultants, PA	\$10,000.00		х	\$10,000.00
6/30/2020	102	Jennis Law Firm	\$2,365.73		Х	\$12,365.73
8/7/2020	101	U.S. Trustees		\$1,950.00	Х	\$10,415.73
8/20/2020	103	Barnes Trial Group	\$184.00		x	\$10,599.73
8/20/2020	104	State of Illinois	\$142.56		Х	\$10,742.29
11/4/2020	105	OAC	\$465.88		Х	\$11,208.17
11/4/2020	106	OAC	\$1,107.33		Х	\$12,315.50
1/8/2021	102	Florida U.C. Fund		\$204.00	Х	\$12,111.50
2/25/2021	107	Feher Law, PLLC	\$10,000.00		x	\$22,111.50

Cleared Deposits	\$24,265.50	Outstanding Deposits	\$0.00
Cleared Disbursements	\$2,154.00	Outstanding Disbursements	\$0.00
	\$22,111.50		\$0.00
TCMS Ledger Balance	\$22,111.50		
Outstanding Deposits	\$0.00		
Outstanding Disbursements	\$0.00		
TCMS Adjusted Balance	\$22,111.50	Bank Balance as of 4/30/2021	\$22,111.50

05/03/2021 thru 05/31/2021





P.O. Box 911039 San Diego, CA 92191 844-889-0896

**Days In Statement Period** 

29

NATIONAL RADIOLOGY CONSULTANTS, DEBTOR RICHARD M. DAUVAL, EXAMINER CASE # 19-01274 3900 FIRST ST. NORTH STE #100 ST PETERSBURG FL 33703

### **Statement Summary**

Deposit Accounts	Beginning Balance	Credits	Debits	Ending Balance
Trustee Checking	\$22,111.50	\$0.00	\$0.00	\$22,111.50
DEPOSIT TOTALS	\$22,111.50	\$0.00	\$0.00	\$22,111.50

Trustee Checking - 7525010001401	
Beginning Balance	e \$22,111.50
Ending Balance	e \$22,111.50

\$ Interest Earned				
	Interest Earned this Month	\$0.00	Annual Percentage Yield Earned	0.00%
	Average Daily Ledger	\$22,111.50	Average Daily Collected	\$22,111.50

Fees		
	Maintenance Fee	\$0.00
	Service Charge	\$0.00

#### Case 8:19-bk-01274-CPM Doc 276 Filed 07/20/21 Page 9 of 14

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- While you do not have to pay the amount in question, you are responsible for the remainder of your balance,
- We can apply any unpaid amount against your credit limit.

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Bank Reconciliation

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\$0.00

\$22,111.50

Trustee Name RICHARD M. DAUVAL, CH5 EXAMINER For Period Ending 5/31/2021
Case Number 19-01274 Bank Name Axos Bank
Case Name NATIONAL RADIOLOGY CONSULTANTS, P.A. Account Type Checking
Account 7525010001401 - Checking

\$22,111.50

\$22,111.50

\$22,111.50

\$0.00

\$0.00

**TCMS Ledger Balance** 

**Outstanding Deposits** 

**Outstanding Disbursements** 

**TCMS Adjusted Balance** 

ACCOUNT /020010001401=		70200 1000 140 1 - Checking				
Date	Check/Deposit #	Description	Credits	Debits	Posted	Ledger Balance
12/19/2019	101	National Radiology Consultants,	PA \$10,000.00	1	Х	\$10,000.00
6/30/2020	102	Jennis Law Firm	\$2,365.73		Х	\$12,365.73
8/7/2020	101	U.S. Trustees		\$1,950.00	х	\$10,415.73
8/20/2020	103	Barnes Trial Group	\$184.00		х	\$10,599.73
8/20/2020	104	State of Illinois	\$142.56		х	\$10,742.29
11/4/2020	105	OAC	\$465.88		Х	\$11,208.17
11/4/2020	106	OAC	\$1,107.33		Х	\$12,315.50
1/8/2021	102	Florida U.C. Fund		\$204.00	х	\$12,111.50
2/25/2021	107	Feher Law, PLLC	\$10,000.00		Х	\$22,111.50
	Cleared Deposits	\$24,265.50	Outstanding Deposits	\$0.0	0	
Clea	red Disbursements	\$2,154.00	Outstanding Disbursements	\$0.0	0	

Bank Balance as of 5/31/2021

06/01/2021 thru 06/30/2021

7525010001401



P.O. Box 911039 San Diego, CA 92191 844-889-0896

**Days In Statement Period** 

30

NATIONAL RADIOLOGY CONSULTANTS, DEBTOR RICHARD M. DAUVAL, EXAMINER CASE # 19-01274 3900 FIRST ST. NORTH STE #100 ST PETERSBURG FL 33703

### **Statement Summary**

Deposit Accounts	Beginning Balance	Credits	Debits	Ending Balance
Trustee Checking	\$22,111.50	\$0.00	\$0.00	\$22,111.50
DEPOSIT TOTALS	\$22,111.50	\$0.00	\$0.00	\$22,111.50

Trustee Checking - 7525010001401		
	Beginning Balance	\$22,111.50
	Ending Balance	\$22,111.50

\$ Interest Earned				
	Interest Earned this Month	\$0.00	Annual Percentage Yield Earned	0.00%
	Average Daily Ledger	\$22,111.50	Average Daily Collected	\$22,111.50

Fees		
	Maintenance Fee	\$0.00
	Service Charge	\$0.00

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- While you do not have to pay the amount in question, you are responsible for the remainder of your balance,
- We can apply any unpaid amount against your credit limit.

#### REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

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Trustee Name RICHARD M. DAUVAL, CH5 EXAMINER For Period Ending 6/30/2021
Case Number 19-01274 Bank Name Axos Bank
Case Name NATIONAL RADIOLOGY CONSULTANTS, P.A. Account Type Checking

\$2,154.00

\$22,111.50

\$22,111.50

\$22,111.50

\$0.00

\$0.00

**Cleared Disbursements** 

**TCMS Ledger Balance** 

**Outstanding Deposits** 

**Outstanding Disbursements** 

**TCMS Adjusted Balance** 

Account	7525010001401 - Ch	necking				
Date	Check/Deposit #	Description	Credits	Debits	Posted	Ledger Balance
12/19/2019	101	National Radiology Consultants, PA	\$10,000.00	1	Х	\$10,000.00
6/30/2020	102	Jennis Law Firm	\$2,365.73		Х	\$12,365.73
8/7/2020	101	U.S. Trustees		\$1,950.00	Х	\$10,415.73
8/20/2020	103	Barnes Trial Group	\$184.00		х	\$10,599.73
8/20/2020	104	State of Illinois	\$142.56		Х	\$10,742.29
11/4/2020	105	OAC	\$465.88		Х	\$11,208.17
11/4/2020	106	OAC	\$1,107.33		х	\$12,315.50
1/8/2021	102	Florida U.C. Fund		\$204.00	Х	\$12,111.50
2/25/2021	107	Feher Law, PLLC	\$10,000.00		Х	\$22,111.50
	Cleared Deposits	\$24,265.50	Outstanding Deposits	\$0.0	00	

**Outstanding Disbursements** 

Bank Balance as of 6/30/2021

\$0.00

\$0.00

\$22,111.50

**ATTACHMENT NO. 4** 

## CHAPTER 11 POST-CONFIRMATION CASH/DEBIT/CHECK DISBURSEMENTS DETAILS

Name of Bank	Axos Bank
Account Number	xx1401
Purpose of Account (Operating/Payroll/Personal)	Operating
Type of Account (e.g., Checking)	Checking

Check	Date of	_		_
Number	Transaction	Payee	Purpose or Description	Amount
101	8/7/2020	U.S. Trustees Florida U.C. Fund	Quarterly Fees Reemployment Tax Assessment	1,950.00
102	1/8/2021	Florida U.C. Fund	Reemployment Tax Assessment	204
				-
			TOTAL	#0.454.00
			TOTAL	\$2,154.00

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.					